



# Work Order Bid (ID)

## WORK ORDER INFORMATION

**Work Order Name:** WO/13013SH2659/1

**Work Order Type:** Weatherization

**Audit Name:** 13013SH2659

## CLIENT INFORMATION

**Client ID:** 13013SH2659

## AGENCY INFORMATION

**Agency:** Shelby County Community Services Agency

**Agency Phone:** (901) 222-4280

**Address:** 3772 South Hickory Ridge Mall, Suite 516  
Memphis, TN 38115

**Fax:** (901) 222-4313

**Email Address:**

**Agency Contact:** GAILLARD, GREG

**Work Phone:**

**Cell Phone:**

**Email Address:**

**Company Name & License Number:** \_\_\_\_\_

**Contractor's Signature:** \_\_\_\_\_

## COMMENT

SITE BUILT 1938  
CERTIFIED FIRM RENOVATOR REQUIRED

## Measures

### Measure 1 Infiltration Redctn

### Components

Inspected

**Comment** CAULK AND GLAZE WINDOWS 1-12  
B/S A/C WINDOWD UNITS IN #1 & #2  
B/P BOTTOM SASH (16X12)  
W/S, D/S ,& CAULK FRONT AND SIDE DOORS  
SEAL AT KITCHEN SINK AND PENETRATE

☐

#	Material / Labor	Description / Comment	Units	Qty	Estimated		Actual		
					Unit Cost	Total	Qty	Unit Cost	Total
1	Miscellaneous Su	Infiltration Reduction	Each	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	Labor	Infiltration Reduction	Each	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

#### Other Detail

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Measure Sub Total:

Sub Total:

Field Notes:

### Measure 2 Replace A/C

### Components AC3

Inspected

**Comment** REPLACE A/C WINDOW UNIT COMPLETE 8000 BTU. WDW #6

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#	Material / Labor	Description / Comment	Units	Qty	Estimated		Actual		
					Unit Cost	Total	Qty	Unit Cost	Total
1	Cooling Equipmen	Window A/C -	Each	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	Labor	Window A/C -	Each	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

#### Other Detail

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Measure Sub Total:

Sub Total:

Field Notes:

**Measure 3 Replace Htg. System****Components** HS1**Inspected****Comment** REPLACE WALL HEATER COMPLETE 35,000 BTU IN LIVING ROOM☐

#	Material / Labor	Description / Comment	Units	Qty	Estimated		Actual		
					Unit Cost	Total	Qty	Unit Cost	Total
1	Heating Equipmen	REPLACE HTG SYSTEM COMPLETE	Each	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	Labor	REPLACE HTG SYSTEM COMPLETE	Each	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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**Measure Sub Total:****Sub Total:****Field Notes:****Measure 4 DWH Tank Insulation****Components****Inspected****Comment** WRAP WATER LINES HOT AND COLD  
NOTE; CAN'T WORK IN W/H DUE TO CODES RESTRICTIONS (NOT ENOUGH CLEARANCE)☐

#	Material / Labor	Description / Comment	Units	Qty	Estimated		Actual		
					Unit Cost	Total	Qty	Unit Cost	Total
1	Hot Water Equipm	DHW Tank Insulation	Each	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	Labor	DHW Tank Insulation	Each	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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**Measure Sub Total:****Sub Total:****Field Notes:**

**Measure 5 Refrigerator Rplcmnt****Components****Inspected****Comment** REPLACE 20 CU FT☐

#	Material / Labor	Description / Comment	Units	Qty	Estimated		Actual		
					Unit Cost	Total	Qty	Unit Cost	Total
1	Refrigerators	REFRIGERATOR RPLCMNT	Each	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	Labor	REFRIGERATOR RPLCMNT	Each	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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**Measure Sub Total:****Sub Total:****Field Notes:****Measure 6 CO Monitor is Needed****Components****Inspected****Comment** INSTALL 2 CO MONITORS☐

#	Material / Labor	Description / Comment	Units	Qty	Estimated		Actual		
					Unit Cost	Total	Qty	Unit Cost	Total
1	Health and Safety	CO monitor	Each	2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	Labor	Labor	Each	2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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**Measure Sub Total:****Sub Total:****Field Notes:**

**Measure 7 Fix Fuel Shutoff Valve Not Present****Components****Inspected****Comment** REPLACE GAS CUT-OFF VALVE AND GASLINE IN BEDROOM #1 &  
BEDROOM #2☐

#	Material / Labor	Description / Comment	Units	Qty	Estimated		Actual		
					Unit Cost	Total	Qty	Unit Cost	Total
1	Health and Safety	Fuel shutoff valve	Each	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	Labor	Labor	Each	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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**Measure Sub Total:****Sub Total:****Field Notes:****Measure 8 Fix Gas Leak Present (Cook Stove)****Components****Inspected****Comment** Replace gasline on stove 18"☐

#	Material / Labor	Description / Comment	Units	Qty	Estimated		Actual		
					Unit Cost	Total	Qty	Unit Cost	Total
1	Health and Safety	Equipment	Each	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	Labor	Labor	Hour	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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**Measure Sub Total:****Sub Total:****Field Notes:**

**Measure 9** Install Kitchen VENTED VENT A HOOD  
CABINET & RECEPTACLE**Components****Inspected****Comment** TO INCLUDE CABINET AND RECEPTACLE☐

#	Material / Labor	Description / Comment	Units	Qty	Estimated		Actual		
					Unit Cost	Total	Qty	Unit Cost	Total
1	Unspecified	REPLACE VENTED VENT A HOOD	Each	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	Labor	REPLACE VENTED VENT A HOOD	Each	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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**Measure Sub Total:****Sub Total:****Field Notes:****Measure 10** Practice Lead Safe Weatherization  
(Walls)**Components****Inspected****Comment**☐

#	Material / Labor	Description / Comment	Units	Qty	Estimated		Actual		
					Unit Cost	Total	Qty	Unit Cost	Total
1	Health and Safety	Equipment	Each	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	Labor	Labor	Hour	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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**Measure Sub Total:****Sub Total:****Field Notes:****Work Order Grand Total:****Grand Total:**